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## PREGNANCY AND PERIODONTAL HEALTH

# Baby your oral health during pregnancy

hile it may be the time to keep your feet up, pregnancy is not the time relax your brushing and flossing routine. That's because expectant mothers often experience increased gingivitis or pregnancy gingivitis beginning in the second or third month of pregnancy that increases in severity throughout the eighth month. The increase in estrogen and progesterone levels during this time causes the gums to react differently to the bacteria in plaque and may result in swelling, bleeding or redness or tenderness in the

gum tissue. About half of women experience pregnancy gingivitis. However, women with no gingivitis prior to pregnancy are unlikely to experience pregnancy gingivitis. As many people are unaware of the status of their periodontal health, a visit

to a dentist or periodontist for a periodontal evaluation before getting pregnant is a good idea.

In some cases, gums swollen by pregnancy gingivitis can react strongly to the bacteria in plaque and form large lumps. These growths.

called preginfection. Women who use oral contracep-

nancy tumors, are not cancerous and are generally painless. They usually disappear after pregnancy, but if the tumor persists, it may require removal by a periodontist.

While alterations in psychology and behavior during pregnancy tend to make some women pay less attention to personal care, women

should actually make an effort to pay increased attention to oral hygiene during pregnancy to help minimize the effects of hormonal changes in the mouth.

Good oral health is vital during pregnancy. Therefore, continue with your regular dental cleanings and checkups to avoid periodontal

> tives may be susceptible to the same oral health conditions that affect pregnant women. They

may experience red, bleeding and swollen gums. And, women who use oral contraceptives should know that taking drugs sometimes used to help treat periodontal disease, such as antibiotics, may lessen the effect of an oral contraceptive. Always tell your dental professionals about any prescriptions that you are taking.

And remember, good oral care benefits you, as well as your unborn baby.

# Healthy mouths, healthy babies

Studies have shown a relationship between periodontal disease and preterm, low birth weight babies. Any infection, including periodontal infection, is cause for concern during pregnancy. In fact, pregnant women who have periodontal disease may be seven times more likely to have a baby that is born too early and too small!

The likely culprit is a labor-inducing chemical found in dental plaque called prostaglandin. Very high levels of prostaglandin are found in women with severe cases of periodontal disease.

A study published in a 1999 issue of the Journal of Periodontology reports that at least 23 percent of women ages 30 to 54 have periodontitis (an advanced state

of periodontal disease). Yet, many people are unaware they have periodontal disease because it often progresses silently.

According to recent research, the more of the mouth affected with periodontal disease, the more likely a woman is to deliver a premature baby. However, women with only a couple of sites in their mouths affected by periodontal disease are not off the hook. While the study showed there is a definite dose response, the trend for preterm deliveries was observed in women with as little as two sites with attachment loss (a measure of periodontal disease).

Research is underway to determine what happens when periodontal disease is treated in pregnant women.

For now, the best advice continues to be that women considering pregnancy have a periodontal screening and get any problems with their oral health under control before becoming pregnant. However, women who are already pregnant should not shy away from dental care. The second trimester is the best time to have dental procedures performed to minimize any potential risk.

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#### PREGNANCY AND PERIODONTAL HEALTH

## Baby steps to a healthy pregnancy and an on-time delivery

health

condition

Tpon learning that you're pregnant, your mind is rattled with excitement, and also a long list of advice from friends, sisters. mothers, grand mothers and doctors on the "todos" for a healthy pregnancy and delivery of a healthy baby. And while the "to-do" list keeps growing, it's important to take all the steps necessary to ensure an on-time and safe arrival of your most precious cargo yet

You've probably heard a few old wives' tales about pregnancy, including the one, "A tooth lost for every child." While it may seem farfetched, it actually is based loosely in fact. Your teeth and gums are affected by pregnancy, just as other tissues in your body. But, you may not be aware that the health of your gums may also affect the health of your baby-to-be.

About half of women experience pregnancy gingivitis. This condition can be uncomfortable for moms-to-be and cause swelling, bleeding, redness or tenderness in the gum tissue. Conversely, a more advanced oral

called periodontal disease (a serious gum infection that destroys attachment fibers and supporting bone that hold the teeth in

the mouth) can affect the health of your baby. Studies have shown a relationship between periodontal disease and premature low birthweight babies. In fact, pregnant women with periodontal disease may be seven times more likely to have a baby that's born too early and too small. The likely culprit is a labor-inducing chemical found in oral bacteria called prostaglandin. Very high levels of prostaglandin are found in women with severe cases of periodontal disease.

The good news is that a periodontal evaluation and recommended treatment as part of preconception or prenatal care can help alleviate your uncomfortable oral health problems while putting your mind at ease that your oral health may not contribute to increasing your risk of having a preterm baby.

If you're diagnosed with periodontal disease, your periodontist might recommend a common nonsurgical procedure called scaling and root planing (SRP). During this procedure, your tooth-root surfaces are cleaned to remove plague and tartar from deep periodontal pockets and to smooth the root to remove bacterial toxins. Research suggests that SRP may reduce the risk of preterm birth in pregnant women with periodontal disease by up to 84 percent. The added bonus is that the procedure should alleviate many of the symptoms associated with pregnancy gingivitis, such as swelling and tenderness of the gums. Don't you wish this would work for your tired, achy feet, too?

So, as you make your way through the "to-dos," remember to check off a visit to the dentist or periodontist. This baby step benefits you, as well as your unborn baby.

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## **Premature Births: The Answers Can't Come Soon Enough**

According to the March of Dimes, premature births have soared to become the number one obstetric problem in the United States. Many premature babies come into the world with serious health problems. Those who survive may suffer lifelong consequences, from cerebral palsy and mental retardation to blindness.

The March of Dimes has launched a \$75 million, five-year campaign to raise public awareness and reduce rates of premature birth, and increase research recommends the following to reduce the risk and/or effects of premature births:

- Consume a multivitamin containing 400 micrograms of the B mended) vitamin folic acid before and in the early months of pregnancy.
- Stop smoking.
- Stop drinking and/or using illicit drugs, or prescription or over-the- premature births, visit counter drugs (including herbal www.marchofdimes.com. preparations) not prescribed by a doctor aware of the pregnancy.
- to find the causes. Until all of the \(\psi\)Once pregnant, get early regular answers are in, the March of Dimes prenatal care, eat a balanced diet with enough calories (usually about 300 more than a woman normally eats), and gain enough weight (25 to 35 pounds is usually recom-
  - Talk to your doctor about the signs of premature labor, and what to do if you show any of the warning signs.

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### Women's Oral Health

# What Your Gums Can Expect When You Are Expecting

Congratulations! You are pregnant or planning on becoming pregnant! Whether or not you want it, everyone you know will be giving you advice about how to eat, sleep, exercise, and take care of your body during this exciting time. However, what some might forget to add to that list is the importance of taking care of your oral health.

Good oral health is always important. However, it may be especially important for expecting mothers as recent research suggests that pregnant women with periodontal diseases may be up to seven times more likely to have a baby that's born too early and too small. Preterm births are dangerous for both baby and mother. They are the leading cause of neonatal death and can lead to life-long health problems such as cerebral palsy, mental retardation, and difficulties with blindness and lung disease. 1

The likely culprit of this possible connection is a labor-inducing chemical found in oral bacteria called prostaglandin. Very high levels of prostaglandin are found in women with severe cases of periodontal disease.<sup>2</sup>

In addition, other research has identified bacteria commonly found in the mouth and associated with periodontal diseases in the amniotic fluid of some pregnant women. Amniotic fluid is a liquid that surrounds an unborn baby during pregnancy. Any disruptions in the amniotic fluid, such as a bacterial infection, could potentially be dangerous to both the mother and baby. <sup>3</sup>

Don't panic! Take your concerns to your dental professional. If you're diagnosed with periodontal disease, your periodontist might recommend a common non-surgical procedure called scaling and root planing. During this procedure, your tooth-root surfaces are cleaned to remove plaque and tartar from deep periodontal pockets and to smooth the root to remove bacterial toxins. Research suggests that scaling and root planing may reduce the risk of preterm birth in pregnant women with periodontal disease by up to 84 percent. 4

<sup>1</sup> National Healthy Mothers, Healthy Babies Coalition; Fast Facts for Families: Baby Your Oral Health: What You Need to Know About Oral Health and Pregnancy; 2005

<sup>2,4</sup> Jeffcoat, Marjorie K. Periodontal Disease and Preterm Birth: Results of a Pilot Intervention Study. *Journal of Periodontology* August 2003, Vol. 74, No. 8, Pages 1214-1218

<sup>3</sup> León, Rubén. Detection of *Porphyromonas gingivalis* in the Amniotic Fluid in Pregnant Women With a Diagnosis of Threatened Premature Labor. *Journal of Periodontology* 2007, Vol. 78, No. 7, Pages 1249-1255

Mullally, Brian H. Current Oral Contraceptive Status and Periodontitis in Young Adults; *Journal of Periodontology* 2007, Vol. 78, No. 6, Pages 1031-1036

<sup>6</sup> Brennan, Renee M. Bacterial Species in Subgingival Plaque and Oral Bone Loss in Postmenopausal Women. *Journal of Periodontology* 2007, Vol. 78, No. 6, Pages 1051-1061

## Attention Women of All Ages

It isn't only pregnant women who should pay special attention to their periodontal health; women of all ages should listen and take action!

#### **Oral Contraceptives:**

A recent study found that women taking oral contraceptive pills had more gingival bleeding upon probing and deeper periodontal pockets than those who were not taking oral contraceptive pills. It is important for women to alert their dental practitioners about any medications they are taking, such as oral contraceptive pills, because it is possible that their oral health may be affected. <sup>5</sup> **Menopause:** 

Another study showed that postmenopausal women with periodontal bacteria in their mouths were also more likely to have bone loss in the oral cavity, which can lead to tooth loss if not treated. <sup>6</sup>

At all stages of life it's important to seek dental care. Regular professional cleanings, good at-home care and periodontal evaluations can help you keep your teeth for a lifetime!

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Call 1-800-FLOSS-EM for a free brochure on periodontal disease.



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